

Standard Form 270

REQUEST FOR ADVANCE OR REIMBURSEMENT		Approved by Office of Management and Budget, NO.80-R0183		Page 1 of 1	
		1. Type of PAYMENT REQUESTED	a. X one, or both boxes X Advance Reimbursement b. X one, or both boxes X Final Partial	2. Basis of Request X Cash Accrual	
3. Federal Sponsoring Agency and Organizational Element to which this report is submitted ONR: (Office of Naval Research) ▼		4. Federal Grant or other identifying number assigned by federal agency N00014-16-1-2119		5. Partial payment request number BVNF057Z	
6. Employer Identification Number	7. Recipients account number or identifying number	8. Period covered by this request From 11/01/2017 To 01/31/2018			
9. Recipient Organization University Of California, Los Angeles Los Angeles, CA		10. Payee (where check is to be sent if different than item 9)			
Computation of amount of Reimbursements/Advances Requested					
Program/Functions Activities	(a.)	(b.)	(c.)	(d.) Total	
a. Total Program outlays to date (As of date)	(b)(4)	\$0.00	\$0.00	(b)(4)	
b. Less: Cumulative program income		\$0.00	\$0.00		
c. Net program outlays (line a minus line b)		\$0.00	\$0.00		
d. Estimated net cash outlays for the advance period		\$0.00	\$0.00		
e. Total (Sum of line c and line d)		\$0.00	\$0.00		
f. Non-Federal share of amount on line e		\$0.00	\$0.00		
g. Federal share of amount on line e		\$0.00	\$0.00		
h. Federal payments previously requested		\$0.00	\$0.00		
i. Federal share now requested (line g - h)		\$0.00	\$0.00		
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	\$0.00	\$0.00	\$0.00	\$0.00
	2nd month	\$0.00	\$0.00	\$0.00	\$0.00
	3rd month	\$0.00	\$0.00	\$0.00	\$0.00
12. Alternative computation for advances only					
a. Estimated Federal cash outlays that will be made during the period covered by the advance				\$0.00	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				\$0.00	
c. Amount requested (line a minus line b)				\$0.00	
13. Certification					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously received.	Name Display Copy Only			Date Request submitted	
	Title Not a valid SF 270. Data from CAMIS.			03/27/2018	
	Phone				
Rachel Gmyr Contract Administrator (619) 221-5600					
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